

Multi-Level Intersectional Stigma-Reduction Intervention to Improve HIV Testing in MSM

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HIV, Stigma and MSM in Ghana

- HIV stigma is a major obstacle to both primary and secondary HIV prevention
- Hostile attitudes regarding same-sex behavioral practice are common in Ghana
- Intertwined Beliefs
 - HIV is punishment for sins
 - Same-sexual behaviors are a manifestation of mental illness
 - Same-sex attraction is a colonial imposition onto Ghanaian culture (e.g., the feminization of the African man)



Intersectional Stigma

- The interdependent and mutually constitutive relationships between social identities and structural inequities.
- The converging experiences of stigma can occur across social identities, practices and health status.
- These can also to individuals, groups. or entire communities
- Consistent with what we saw in Ghana
 - Sexual orientation
 - Perceived norms of gender performance
 - Health status




GLOBAL PUBLIC HEALTH
<https://doi.org/10.1080/17441692.2021.1934061>

 **Routledge**
Taylor & Francis Group

REVIEW ARTICLE

 OPEN ACCESS 

A scoping review of the integration of empowerment-based perspectives in quantitative intersectional stigma research

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Guiding Model

- **Socioecological Model:** Multiple concentric influence on health behaviors of individuals
 - Organizational (healthcare facilities)
 - Interpersonal (MSM social networks)
 - Intrapersonal (individual MSM)

Intersectional Stigma—Health Facility Staff

- **HIV stigma and discrimination among healthcare staff**
 - Fear of HIV acquisition
 - Stigmatizing avoidance behaviors
 - Willingness to care
 - Facility policies and environment
 - Attitudes
 - Observed discrimination
- **LGBT Phobia, Attitudes and Cultural Competence**
- **Gendered Expectations of Men and Women**

Intersectional Stigma—MSM

- **HIV Stigma**

- Enacted
- Vicarious
- Perceived
- Internalized

- **Sexual Stigma**

- **Gender Non-Conforming Stigma**

Interventions

Organizational-Health Facilities HP+ Total Facility Approach

- Evidence-based, building on 20 years of research and programmatic work
- Recognition that all facility staff have a role to play in stigma-reduction
- Facility-led: Engagement of facility management, staff and clients
 - Analysis of baseline data to catalyze action & tailor intervention
 - Participatory stigma-reduction trainings led by staff and clients
 - Champion teams design/implement stigma-reduction activities
- Adapted to intersectional stigma: HIV, sexual, gender non-conformity
- Previously implemented in Ghana, Tanzania & Thailand



Group Level - Nyansapo



- **CDC-designated best evidence group-level program**
 - Ghanaian adaptation of *Many Men Many Voices*
 - Increased HIV testing
 - Fewer episodes of condomless anal intercourse
- **Addresses behavioral determinants of HIV risk**
- **Adaptated to address intersectional stigma**
 - HIV
 - Same-sex
 - Gender non-conformity



Intrapersonal Level – HIV Empowerment, Education & Empathy

- Based on Dennis Peer-Support Model
- Identifies 3 types of support
 - Informational support: Fact first!
 - Emotional Support: I'm here and I care!
 - Affirmational Support: Your life matters!
- Local peer mentors
 - Nurture socioemotional resilience
 - Mitigate the internalization of intersectional stigma



HIVE³

The Dilemma / The Opportunity

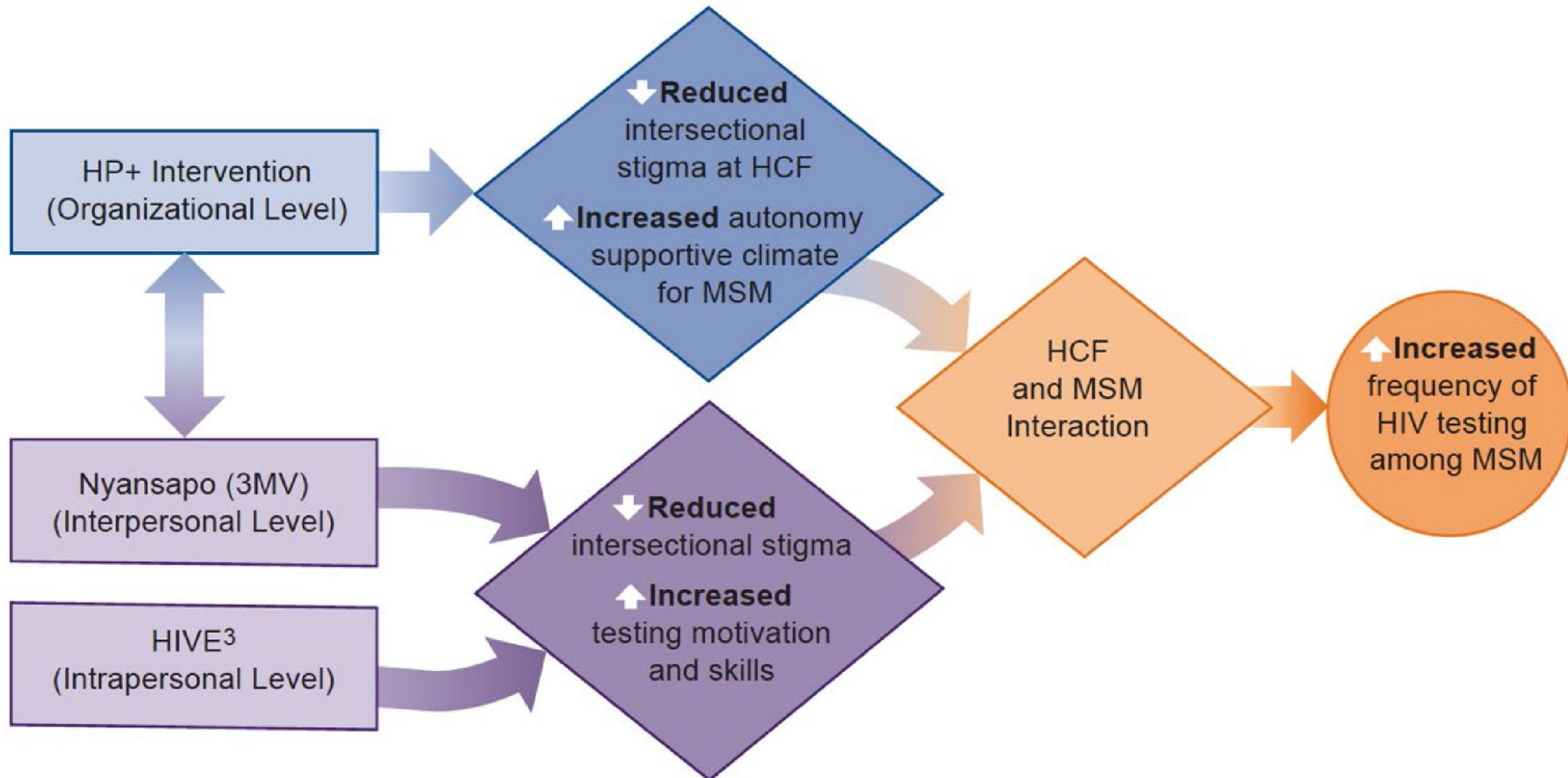
The Dilemma

- Interventions available that addressed stigma at multiple levels
 - Healthcare facility – HP+
 - Groups of MSM – Nyansapo (3MV)
 - Individual MSM - HIVE³
- Even with enhancement for intersectional stigma, the interventions are compartmentalized
- The influence of intersectional stigma on HIV testing is an integrated phenomenon that crosses all three levels

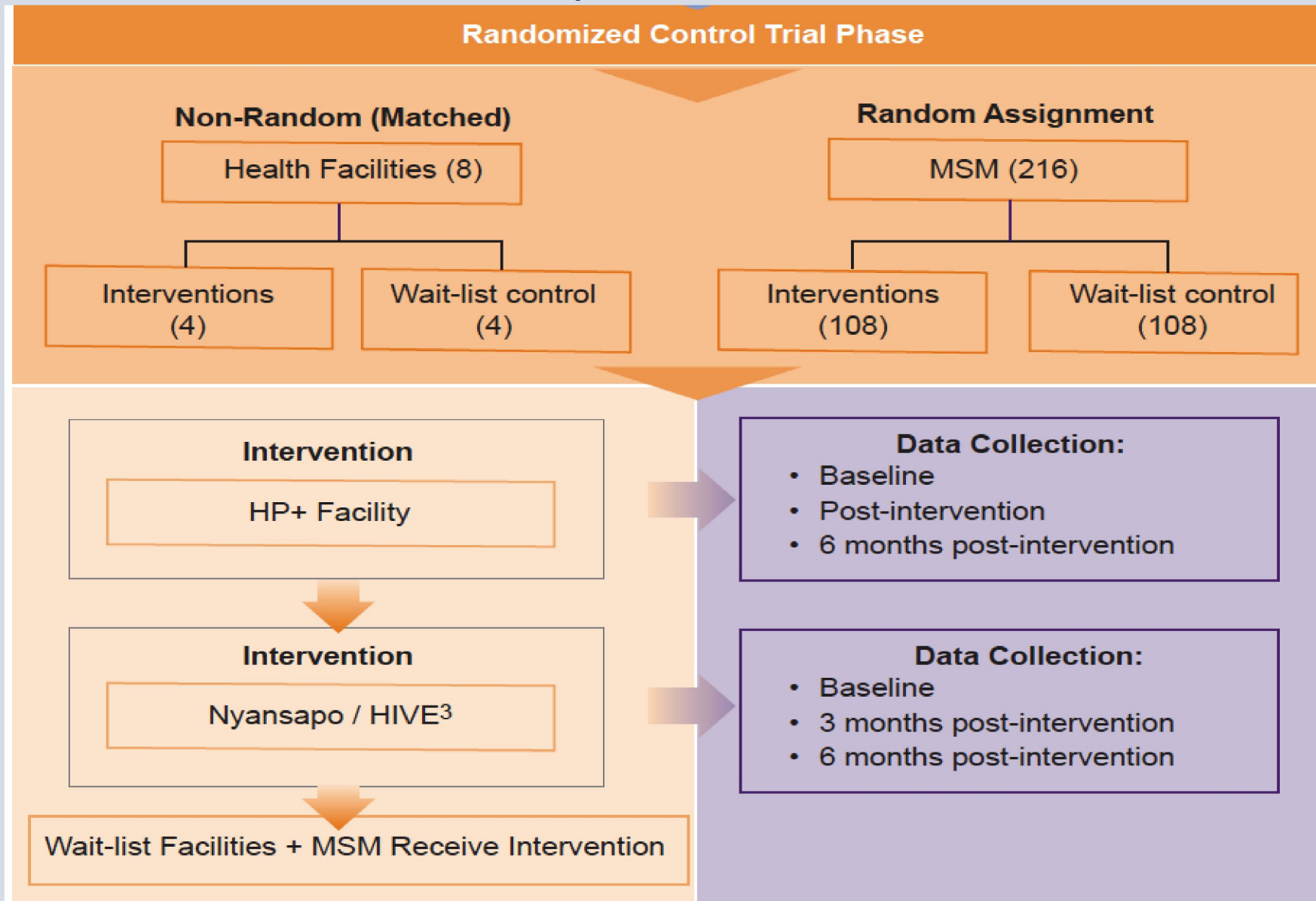
Guiding Framework

- **Convergence Framework**
 - Guided our approach to combining multiple interventions
 - Needed due to interdependency of intersectional stigmas as operating at multiple levels to impede HIV testing

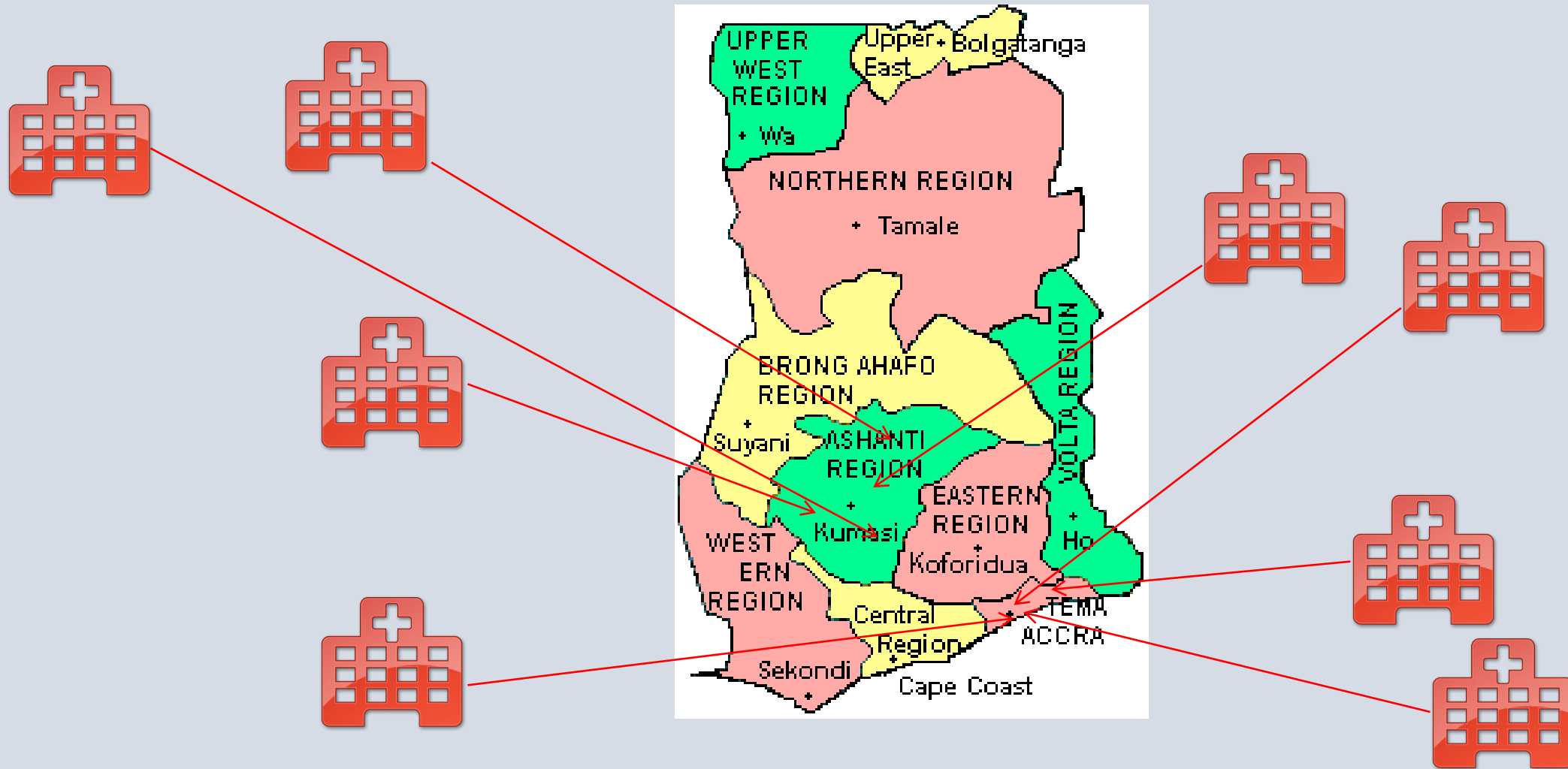
Combining Interventions at Different Levels



Current Study: Pilot RCT to assess feasibility and estimate the effect size of intervention for scale-up to a definitive trial



Eight Participating Facilities



Key Lessons

- Research that addresses one type of stigma at one level is valid important work
- Science is embracing more complexity, which is an opportunity to discover novel solutions
- Addressing intersectional stigma requires an understanding of how stigmas converge to impact the experiences of individual, groups, communities
- Field is new, but growing. Firm grounding in stigmas and interventions at one level and collaborating with others may create synergies and efficiencies

Partners & Acknowledgments

Research Partners

- University of Ghana- *Kwasi Torpey and Adom Manu*
- Educational Assessment & Research Centre (EARC)- *Emma Gyamerah*
- Priorities on Rights & Sexual Health (PORSH)- *Frances Boakye*
- Youth Alliance for Health & Human Rights (YAHHR)- *Patrick Appiah*
- University of Toronto - *Carmen Logie*
- Yale University – *David Vlahov and Han-Zhu Qian*

Funding Acknowledgment

- National Institute of Nursing Research (NINR)– *Rebecca Henry*